



Employment Application

An Equal Opportunity Employer

Incomplete applications
will not be considered

Human Resources Department
2 North Main Street, Suite 209
Temple, Texas 76501
254-298-5650 Voice 254-298-5253 Fax

TO applicant we deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. This application will only be considered for the position applied for. To be considered for other positions will require filling out additional applications.

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone _____ Position Applied For _____
(Home)

Were you previously employed by us? _____ If yes, when and under what name? _____

Previous Employment: List all employment (including military service) for at least the past 10 years. Begin with your present or most recent position and work back. Attach additional sheets if necessary. **(Must complete this section even if resume is attached.)**

I. From _____ To _____ Job Title _____ Salary _____
Name and Address of Company _____ Supervisor _____
Reason for Leaving _____ Phone: _____
Description of Work _____

II. From _____ To _____ Job Title _____ Salary _____
Name and Address of Company _____ Supervisor _____
Reason for Leaving _____ Phone: _____
Description of Work _____

III. From _____ To _____ Job Title _____ Salary _____
Name and Address of Company _____ Supervisor _____
Reason for Leaving _____ Phone: _____
Description of Work _____

IV. From _____ To _____ Job Title _____ Salary _____
Name and Address of Company _____ Supervisor _____
Reason for Leaving _____ Phone: _____
Description of Work _____

May we contact the employers listed above? _____ If not, indicate by Number which one(s) you do not wish us to contact. _____

Education: (Do Not Fill in Blue Areas)

SCHOOLS	NAME AND ADDRESS OF INSTITUTION	Dates of Attendance	Semester Hours	Degree	Areas of Specialization
Grade School					
High School					
College					
Graduate School					
Trade, Business Correspondence					
Apprenticeship and Other					

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____

Month Day Year Month Day Year

List duties in the service including special training _____

PERSONAL REFERENCES (Not former employers or relatives; should be familiar with your qualifications for employment.)

Name and Occupation	Address	Phone Number

Are you related by blood or marriage to any member of the City Council or any person now employed by the City of Temple? ☐ Yes ☐ No

Name	Where Employed	Relation

List all licenses you hold: (Drivers, electrician, etc..)

Type	Number	State	Expiration Date
Type	Number	State	Expiration Date
Type	Number	State	Expiration Date

Specify equipment or office machines you operate: _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization?

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that the City of Temple is an "at will" employer. Section 4.23 of the City Charter provides in part that "no contract shall ever be made which binds the City for personal services to be rendered to the City as a municipality for any stated period of time, but all appointive officers and employees shall be subject to preemptory discharge." The City of Temple is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of its choice.

Date _____ Signature of Applicant _____

The City of Temple does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provisions of services

Automatic Disqualifiers

It is the policy of the City of Temple to automatically exclude all applicants whose records are shown to have the following:

1. All sex offenses – regardless of the amount of time since offense;
2. All felony violence – regardless of the amount of time since offense;
3. All felony offenses other than violence or sex within the past ten (10) years;
4. All misdemeanor violence offenses within the past seven (7) years;
5. All misdemeanor drug and alcohol offenses within the past five (5) years or multiple offenses in the past ten (10) years; and
6. Any charges pending or not disposed of that fall within the categories above.

The City of Temple reserves the right to disallow other types of offenses if such offense is shown to be a concern for the type of work performed. (e.g. Theft over \$1500 when the position applied for handles sums of money.)

EMPLOYMENT APPLICATION ADDENDUM

(Please attach additional paper if necessary to answer the questions completely)

IF THIS ADDENDUM IS NOT FILLED OUT COMPLETELY, SIGNED, AND DATED, YOUR APPLICATION WILL NOT BE CONSIDERED.

1. Has your driver's license ever been suspended or revoked for any reason? Yes _____
No _____

If yes, please provide the date(s), location(s), and the specific reasons.

Month/Year	Offense	Location	Disposition

2. Have you ever been cited to answer and appear at an administrative hearing as a habitual violator of traffic laws? Yes _____ No _____

If yes, give date(s), location(s), findings, and determination of the hearing officer.

Month/Year	Offense	Location	Disposition

3. Have you ever received a conviction, been placed on probation, or received a court ordered community supervision for driving while intoxicated or for driving under the influence of alcoholic beverage or other intoxicant or public intoxication in any state of the United States or in any foreign country? Yes_____ No_____

If yes, give date(s), location(s), and the punishment assessed.

Month/Year	Offense	Location	Punishment

4. Have you ever refused to give a blood sample or take a breathalyzer or intoxilyzer test as a result of a traffic apprehension when you were requested to do so? Yes_____ No_____

If yes, give date(s), location(s), and specific circumstances surrounding the request.

Month/Year	Circumstances	Location	Disposition

5. Have you received any traffic citations in the past five (5) years? Yes_____ No_____

If yes, list below, excluding parking tickets.

Month/Year	Offense	Location	Disposition

6. Have you been involved in a motor vehicle accident in the past five (5) years?
Yes_____ No_____

If yes, list all motor vehicle accidents, including those 1) accidents on private property; 2) accidents involving only one vehicle; 3) accidents involving only your vehicle; and 4) accidents that were not reported to or investigated by a peace officer. Describe each accident listing dates, citation locations, and specific circumstances surrounding the accident.

Month/Year	Citation	Location	Circumstances

7. Have you ever pled nolo contendere (no contest) or guilty to a criminal offense, been placed on probation, or received a deferred adjudication for a criminal offense other than a traffic offense or found guilty of any criminal offense other than a traffic offense?
Yes_____ No_____

If yes, give date(s), location(s), and specific circumstances surrounding the offense.

Month/Year	Offense	Location	Disposition

8. Have you ever gone by an alias or a different last name? Yes __ No __

If yes, list the name(s) below.

9. The City of Temple, as an employer, realizes that a person is innocent until proven guilty. However, we would like to know of any criminal charges currently pending against you (including but not limited to any alcohol or drug related charges). Pending charges will not automatically disqualify you for employment with the City, but we will consider the type of offense and the date of the offense in relationship to the position you are applying for when we make the hiring decision.

Are there any criminal charges pending against you? Yes____ No____

If yes, list below.

Month/Year	Offense	Location	Comments

PLEASE READ AND SIGN BELOW

I represent that the facts set forth in this Employment Application Addendum are true, accurate and correct, and there are no omissions. I understand that if employed, my having made any false statements on this addendum shall be sufficient cause for dismissal. I also understand that should investigation disclose any misrepresentations, falsifications, or omissions, my employment will be immediately terminated.

You are hereby authorized to make any investigation of my personal and financial history to include a check of my driving record and criminal history, if any, through any investigative agency or bureau of your choice.

I also understand that if a position is offered, it is my duty and responsibility to inform the Director of Human Resources or the interviewing department head, of any criminal charges or traffic violations I may receive after the date below and up to the date of hire.

SIGNATURE OF APPLICANT

DATE

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

Each applicant, staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the City of Temple to perform the criminal background search.

I, the undersigned, hereby give my permission for the City of Temple to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as, plea bargains, deferred adjudications and delinquent conduct committed as a juvenile. Information obtained may also include any charges pending or not disposed of. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the City of Temple, its officers, directors, employees and agents, and hold them harmless from and against any and all courses of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever including claims for negligence, gross negligence, and/or strict liability of the City of Temple and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee.

It is my understanding that the City of Temple will rely on information provided by the Texas Department of Public Safety, Bell County, City of Temple Police Department and City of Temple Municipal Court. I understand that the City of Temple will not release my record to me, nor discuss anything contained thereon with me, and that if I have questions regarding the information contained therein, I must contact the reporting agencies in order to clarify such information.

I understand that this form in no way constitutes legal advice, and that if I require any legal advice, it shall be obtained privately and at my own expense.

Applicant's Signature	Date
Printed Name _____	
DL # _____	State _____
Date of Birth: _____	

The City of Temple does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment.

The Equal Employment Opportunity Commission (EEOC) requires employers to maintain specific statistical data and report to them bi-annually. The questionnaire below allows us to gather part of that information as well as information for analyzing advertising return on investment. Please fully complete the questionnaire and return it with your application. **THIS INFORMATION WILL NOT BE USED IN THE EMPLOYMENT PROCESS.**

Name _____ Today's date _____
(Last) (First) (Middle Initial)

City you reside in _____

Title of position applied for _____
(BE SPECIFIC)

☐ Full Time

☐ Part Time

☐ Seasonal

Check one:	Check highest level of education you have completed:	Please check only one predominant ethnicity:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate <input type="radio"/> GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native
Birth date: _____ - _____ - _____		

How did you learn about this job opening?	
<input type="radio"/> Temple Daily Telegram <input type="checkbox"/> Killeen Daily Herald <input type="checkbox"/> Waco Tribune <input type="checkbox"/> Austin American Statesman <input type="checkbox"/> Texas Work Force Commission <input type="radio"/> City Employee	<input type="radio"/> Walk In <input type="checkbox"/> Radio <input type="checkbox"/> Government TV Channel (Time Warner Cable) <input type="checkbox"/> Television Channel 6, 10, 25 or 44 <input type="checkbox"/> City of Temple Internet web site <input type="checkbox"/> US Army Reserve web site <input type="radio"/> Other web site _____

Thank You

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Hire _____	Not Hired _____	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		